DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
2300 E STREET NW
WASHINGTON DC 20372-5300

Canc frp: Feb 2007
IN REPLY REFER TO
BUMEDNOTE 6110
BUMED-M33
16 Feb 2006

BUMED NOTICE 6110

From: Chief, Bureau of Medicine and Surgery
To: Ships and Stations Having Medical Department Personnel

Subj: TRACKING AND REPORTING INDIVIDUAL MEDICAL READINESS DATA

Ref: (a) DODINST 6025.19 of 3 Jan 2006
(b) ASD (HA/FHP&R) Memo 30 Jun 2004
(c) ASD (HA) Policy Memo 97-045 of 30 Apr 1997
(d) OPNAVINST 6120.3
(e) ASD (HA) Policy Memo 02-011 of 4 Jun 2002
(f) SECNAVINST 5300.30D
(g) BUMEDNOTE 6230 of 21 Dec 2004
(h) NAVMEDCOMINST 6810.1
(i) BUMEDINST 6150.35
(j) NAVMED P-117, MANMED Chapter 18, Change 120
(k) OPNAVINST 6000.1B
(l) NAVMED P-117, MANMED Chapter 22

1. Purpose. Establish Navy Medicine policy and procedures for tracking and reporting Individual Medical Readiness (IMR) data. Support unit medical readiness standards for Active Component (AC) and Reserve Component (RC) service members consistent with operational commitments. While readiness is a line commander's responsibility, Navy Medicine actively supports line commanders to ensure a fit and healthy force.

2. Background. IMR is an integral component of force health protection and indicates a Sailor's or Marine's ability to deploy rapidly. IMR is also a direct reflection of a unit's capability to fulfill its mission. Tracking of IMR benefits the service member and unit by ensuring service members are protected against infectious and endemic diseases, can safely receive prophylaxis and treatments, have required medical equipment, and are in a state of dental readiness. A joint service committee has established requirements for Service level tracking and quarterly reporting of IMR data to Assistant Secretary of Defense (Health Affairs) (ASD(HA)), as outlined in reference (a). Reference (b) established the minimum standard for overall force medical readiness as 75 percent fully medically ready. Reference (c) established the operational dental readiness (ODR) standard of 95 percent.

3. Definitions

a. Individual Medical Readiness (IMR). The six IMR elements as defined by reference (a) are:

(1) Periodic Health Assessment (PHA). As outlined in reference (d), the PHA includes an annual assessment of medical readiness for deployment. The PHA is hereby established as the business process for annual review, verification, and correction of deficiencies in IMR data. The PHA will be performed within 30 days of each service member's birth month, when feasible. RC service members will have the PHA performed based on annual requirement due date. The date on which the PHA was performed will be entered into an approved electronic database.

(2) Dental Readiness. Established at the annual dental examination, which will be synchronized, when feasible, with and documented as, part of the annual PHA.

(a) The service member's dental readiness classification shall be obtained from the Dental Common Access System (DENCAS); the Standard Form (SF) 603 (10-75) Health Record – Dental or SF-603A Health Record – Dental (Continuation); or the DD 2813, Active Duty-Reserve Forces Dental Examination, after completion of a type 1 or 2 dental examination. As indicated by the dental classification system outlined in reference (e), a service member who is Dental Class 1 or 2 is worldwide deployable. A service member who is Dental Class 3 or 4 compromises unit combat effectiveness, is considered at increased risk to experience a dental emergency, and is normally not regarded to be worldwide deployable. It is expected that deploying service members will remain current in Dental Class 1 or 2 throughout the projected duration of their deployment. Service members who are deploying with operational units, without organic dental assets, are expected to have a current annual T-2 dental examination that projects their risk status (dental classification) through the anticipated duration of their deployment.

(b) Dental Classification

1. Class 1 (Oral Health). Service members with a current dental examination who do not require dental treatment or reevaluation and are worldwide deployable.

2. Class 2. Service members with a current dental examination, who require non-urgent dental treatment or reevaluation for oral conditions, which are unlikely to result in dental emergencies within 12 months and are worldwide deployable.

3. Class 3. Service members who require urgent or emergent dental treatment and are not considered to be worldwide deployable.

4. Class 4. Service members who require periodic dental examinations or members with unknown dental classifications (e.g., not accomplished by the last duty day of the month following the due month) and are not considered to be worldwide deployable.

(3) Readiness Laboratory Studies. The basic laboratory studies required for a service member to be deployable are: blood type and Rh factor, G6PD status (normal/ abnormal), DNA specimen (verified receipt at Armed Forces Institute of Pathology

repository), and Human Immunodeficiency Virus (HIV) antibody. The HIV antibody test shall be repeated at the frequency outlined in reference (f). All readiness labs must be documented in the health record and via an electronic data reporting system.

(4) Immunizations. Service members must have the following immunizations to be deployment ready or have the appropriate medical and/or administration exemption documented in their health record: Hepatitis A (completed series), Inactivated Polio Vaccine (IPV), Tetanus/diphtheria, Measles, Mumps, and Rubella (MMR), and annual Influenza. Vaccinations are overdue on the last day of the month after the due date for any shot due 30 or more days after the previous shot. Annual influenza vaccinations are overdue if not administered by 1 January of the current flu season. Service members may require additional immunizations based on geographic area of operation(s), occupational, or immediate superior in command (ISIC) specific requirements. As per reference (g) all immunizations shall be electronically reported to the Defense Eligibility Enrollment System (DEERS) via an approved electronic data system.

(5) Individual Medical Equipment. Two pairs of glasses are required for service members requiring vision correction as per reference (h). In addition, service members subject to deployment who require corrective lenses will possess gas mask inserts for the model of gas mask and/or ballistic eyewear issued. Service members with recognized special health problems will have Medical Warning Tags issued per reference (i). Once the NAVMED 6150/5 has been completed, all individual medical equipment must be documented in health record and via an approved electronic data system. Currently the approved systems are the Medical Readiness Reporting System (MRRS) and Shipboard Non-tactical Automated Data Processing Program (SNAP) Automated Medical System (SAMS).

(6) Deployment Limiting Conditions. To be considered deployment ready, Service members should not be on limited duty, pregnant, or in the postpartum period as per references (j) and (k). In addition, Navy RC service members who are classified as Temporarily Not Physically Qualified (TNPQ), in Medical Retention Review (MRR) status, in Line of Duty (LOD) status, and/or Temporarily Not Dentally Qualified (TNDQ) are not medically ready for deployment. All deployment limiting conditions must be documented in the health record and via an approved electronic data system. Currently the approved systems are MRRS and SAMS.

b. Individual Medical Readiness Classification. According to reference (a), the medical readiness of each service member will be classified as follows:

(1) Fully medically ready. Current in all six elements.

(2) Partially medically ready. Lacking any readiness laboratory studies, immunizations, or medical equipment.

(3) Not medically ready. Service members in Dental Class 3 or with a deployment limiting condition (including those hospitalized or convalescing from serious illness or injury), personnel under evaluation by a Medical Evaluation Board (MEB) or Physical Evaluation Board (PEB) (including those members on limited duty), as per reference (j). Additionally, RC service members who are classified as TNPQ, in MRR status, in LOD status, and/or TNDQ are not medically ready.

(4) Medical readiness indeterminate. Inability to determine medical readiness status because of missing health record, overdue PHA, or Dental Class 4.

4. Data Capture and Reporting

a. Data Capture. Commanding officers of medical treatment facilities (MTFs), officers in charge, and authorized medical department representatives are responsible for recording all IMR data in an approved electronic data system for uniformed service members in their service area of responsibility (AOR) including all new accessions at the time medical care is rendered.

(1) Electronic data systems currently approved include:

(a) The Shipboard Non-tactical Automated Data Processing Program (SNAP) Automated Medical System (SAMS), version 8.03 or later releases.

(b) The Medical Readiness Reporting System (MRRS).

(c) Armed Forces Health Longitudinal Technology Application (AHLTA) immunization and readiness modules.

(d) Dental Common Access System (DENCAS).

(2) Once AHLTA is in use at an MTF, it will be the system of choice to capture and track clinical IMR data.

(3) MTF commanders are advised that future development of "homegrown" or locally developed clinical databases for tracking of IMR data is prohibited. Use of branch databases should be phased out after approved systems are implemented.

b. Reporting. Navy Environmental Health Center (NEHC) will submit quarterly (January, April, July, and October) AC and RC reports to BUMED Operations (M3) for submission to the Deployment Health Support Directorate for the DOD Quarterly IMR Report per reference (a).

c. Implementation Plan. MTF leadership is responsible for validation and documentation of the IMR data flow process.

5. Action. Commanding officers of MTFs, officers in charge, and authorized medical department representatives will implement the program actions no later than 3 April 2006.

6. Points of Contact

a. The BUMED Operations (M3) point of contact is: CAPT Edward Kilbane, (202) 762-3495 or DSN 762-3495, emkilbane@us.med.navy.mil.

b. The MRRS point of contact is: HMC Robert Kloka at (504) 678-5413 or DSN 678-5413 or e-mail robert.kloka@navy.mil. MRRS System Access Request Form and Computer Based Training can be found at: https://mrrs.cnrf.navy.mil/mrrs.

c. The BUMED Chief Information Officer point of contact is: CAPT Joseph Grace at (202) 762-3220 or DSN 762-3220 or e-mail jagrace@us.med.navy.mil.

d. The Navy Environmental Health Center (NEHC) IMR program manager can be contacted at: imr@nehc.mar.med.navy.mil. Directions for modifying SAMS to record the PHA completion data are located on the Navy Environmental Health Center Population Health Website: www-nehc.med.navy.mil/hp/cps/pha.htm.

e. Directions for uploading the SAMS IMMUNIZATION EXPORT and SAMS BACKUP FILE are located on the IMR Lite Website at: How to Upload Backup/DEERS File. Personnel with Navy Medicine Online (NMO) accounts may request access to IMR Lite at: https://navymedicine.med.navy.mil/imr/.

7. Forms

a. SF 603 (10-75), Health Record – Dental or SF 603A (10-75), Health Record – Dental (Continuation) are available for download at: http://forms.daps.dla.mil/; local reproduction is authorized.

b. DD 2813, Active Duty- Reserve Forces Dental Examination is available at: http://www.dtic.mil/whs/directives/infomgt/forms/eforms/dd2813.pdf.

c. NAVMED 6150/5, Medical Warning Tag Order is available using S/N 0105-LF-011-2500 from Navy Forms OnLine at: http://forms.daps.dla.mil/.

8. Cancellation Contingency. Retain until incorporated into reference (l).

J. M. MATECZUN
Vice Chief